



## AMENDMENT TRANSMITTAL LETTER

Docket No.  
04287/100M315-US1

Application No.  
10/660,256-Conf. #5361

Filing Date  
September 11, 2003

Examiner  
P. G. Spivack

Art Unit  
1614

Applicant(s): Arthur Ramazanov et al.

Invention: A NOVEL COMPOSITION FOR THE TREATMENT OF OBESITY AND EFFECTIVE FAT LOSS PROMOTION

### TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	13	- 20 =		x	
Independent Claims	7	- 6 =	1	x 100.00	100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					160.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. 04-0100 in the amount of \$                 .  
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 160.00 to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Stephanie R. Amoroso, Ph.D.  
Attorney/Agent Reg. No.: 51,401

Dated: March 17, 2006

DARBY & DARBY P.C.  
P.O. Box 5257  
New York, New York 10150-5257  
(212) 527-7770

MAR 17 2006

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/660,256-Conf. #5361
		Filing Date	September 11, 2003
		First Named Inventor	Arthur Ramazanov
		Examiner Name	P. G. Spivack
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1614
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 340.00)		Attorney Docket No.	04287/100M315-US1

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues) 50 25  
 Each independent claim over 3 (including Reissues) 200 100  
 Multiple dependent claims 360 180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
13	- 20 =	x	=	<u>Fee (\$)</u>	<u>Fee (\$)</u>

HP = highest numer of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
7	- 7 =	1	x 100.00 = 100.00

HP = highest numer of independent claims paid for, if greater than 3.

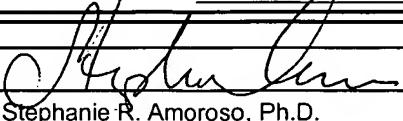
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 =	/50 (round up to a whole number)	x _____ =	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	180.00
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement	60.00
2251 Extension for response within first month	

<b>SUBMITTED BY</b>					
Signature		Registration No. (Attorney/Agent)	51,401	Telephone	(212) 409-3790
Name (Print/Type)	Stephanie R. Amoroso, Ph.D.	Date	March 17, 2006		



Application No. (if known): 10/660,256

Attorney Docket No.: 04287/100M315-US1

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. \_\_\_\_\_ in an envelope addressed to:

*EV778823335-US*

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on March 17, 2006  
Date

*Lillian Garcia*  
\_\_\_\_\_  
*Lillian Garcia*

Signature

\_\_\_\_\_  
Typed or printed name of person signing Certificate

N/A  
Registration Number, if applicable

(212) 527-7700  
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)  
Amendment Transmittal (1 page)  
Amendment in Response to Non-Final Office Action (8 pages)  
Declaration 37 CFR 1.132 (8 pages) w/Exhibits A - G  
Supplemental Information Disclosure Statement (4 pages)  
Form SB/08a/b (3 pages)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Check No. 11506 in the amount of \$340.00  
Return Receipt Postcard